

Instructions for the Completion of the Slot Change/New Assignment Fax Cover (DMH-885E 1202)

If this form is handwritten, please print clearly.

1. Type of submission: as this form is used for several different purposes, check the appropriate box for enrollment, discharge, interruption or restart of Waiver services. Also indicate to which waiver (MR or DS) the action applies.
2. Complete CSB and individual identifying information
3. If ENROLLING a new individual
 - Indicate if a signed Recipient Choice form is included with this request or was previously submitted
 - Indicate if an Enrollment Request form completed in the last 6 months is included with this request and which urgent criterion/criteria the individual meets.
 - If the individual is a child using a reassigned (by OIDS) FY07 Children's slot, check the first box in the second half of this section.
 - For all other enrollments, enter the date that the slot was assigned by CSB committee OR CSB/facility collaboration.
 - Check the box next to the appropriate source of the slot (new community slot or new/reassigned facility slot).
 - If the individual being enrolled is exiting a facility as part of the Money Follows the Person Demonstration Project [i.e., MFP enrollment paperwork has been completed and the individual will be transitioning to a qualified residence (no more than 4 unrelated persons)], check ONLY the box for "Money Follows the Person Slot."
 - If the individual is exiting a facility using an allocated facility slot (and going to a residence with 5 or more unrelated persons), check the box for the appropriate fiscal year in which the slot was funded.
 - If the individual will be using a slot from another individual who has left Waiver services, enter the full name of the individual whose slot is being re-used. In this event, ensure that a DMAS-122 for the vacating individual is sent with this fax cover form and that his/her appeal rights have been given/exhausted.
4. If DISCHARGING an individual, INTERRUPTING services or RESTARTING Waiver services:
 - Check #1 if discharging an individual from either the MR or DS Waiver (regulations changes have made it possible for CSBs to directly reassign DS Waiver slots to the next individual (according to date of need) on their combined urgent/non-urgent waiting list). Also indicate the reason for discharge.
 - Check #2 if discharging a child from a FY07 Children's slot OR a MR Waiver facility slot. OIDS will be involved in the tracking/reassignment of these types of slots. Indicate the reason for discharge. Attach a completed DMAS-122.
 - Check #3 if an individual on either waiver has not received services for more than 60 days. Attach a completed DMAS-122.
 - Check #4 if an individual on either waiver will temporarily be residing in one of the listed facilities. Attach a completed DMAS-122.

- Check #5 if the individual on either Waiver has experienced a temporary loss of Medicaid eligibility. Attach a completed DMAS-122.
- Check #6 to restart services for either waiver after a 60+ day interruption or temporary facility stay. Attach a completed DMAS-122.
- Check #7 to restart services for either waiver following a temporary loss of Medicaid eligibility. Attach a new, completed Enrollment Request form.